Fill in this information t	to identify your case:	
Debtor 1	Sherry Lynn Young	
Debtor 2 (Spouse, if filing)		
United States Bankrup	otcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	
	24-bk-03162	Check if this is:
(If known)		☐ An amended filing
000.1.5	4.00	A supplement showing postpetition chapter 13 income as of the following date: 6/24/2025
Official Form	<u> 1061</u>	MM / DD/ YYYY
Only a deal and	Varra In a a ma	

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment				
1.	Fill in your employment information.		Debto	r1	Debtor 2 or non-filing spouse
	If you have more than one job,	F*	■ Em	ployed	☐ Employed
	attach a separate page with information about additional	Employment status*	☐ Not	employed	☐ Not employed
	employers.	Occupation	Self-E	Employed	
	Include part-time, seasonal, or self-employed work.	Employer's name	FCE (	Consultants, LLC	
	Occupation may include student or homemaker, if it applies.	Employer's address	• . • •	Peach Blossom Lane artstown, PA 17363-7640	
		How long employed th	nere?	Since November 2024	
		*See Attachment for Addit		*See Attachment for Addition	onal Employment Information
	Ohra Datalla Albant Man	di balaasaa			

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ N/A

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ N/A

4. Calculate gross Income. Add line 2 + line 3.

Page 1 of 3

Main Document

Yes. Explain:

10,048.43

Combined monthly income

12. | \$

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it

13. Do you expect an increase or decrease within the year after you file this form?

applies

No.

## Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	Administrative Assistant	
Name of Employer	Alusiy & Company	
How long employed	Starting December 2024	
Address of Employer	20358 Ridge Meadow Rd	
	Stewartstown, PA 17363	